

CONFIDENTIAL

THE BRISTOL ROYAL INFIRMARY INQUIRY  
REVIEW OF CLINICAL RECORDS

SURGICAL & POST OPERATIVE CARE

Child's Initials: [REDACTED]

D.O.B: [REDACTED] 89

Date of Procedure: [REDACTED] 03.91

*RJOTP*

Aspects of Care:	Adequacy of Care: 4, 3, 2, 1, or X	Comments - especially relevance of less than adequate care to outcome:	Specialty: GP, Cardiologist, Surgeon, Anaesthetist/Intensivist, Nursing, Technical, Pathologist,
Surgical Procedure	4		JW
Perfusion	<del>4</del> 4		
Anaesthetic	4		
Post operative care and assessment 1. ITU - Medical	4		
Post operative care and assessment 2. Surgical	4		
Post operative care and assessment 3. Paediatric cardiological	4		
Post Mortem			

Please use the following summary scores for adequacy:

Overall adequacy of care (0-4) (4=adequate, 3=adequate, 2=less than adequate, 1=poor, X=insufficient information for comment)

4 - Adequate

3 - Less than adequate care (different management would have made no difference to outcome)

2 - Less than adequate care (different management might have made a difference to outcome (ie. avoidable factor of uncertainty influence on outcome))

1 - Less than adequate care in which different management would probably have made a difference to outcome (ie. avoidable factor of uncertainty influence on outcome)

X - Insufficient information for comment

CCNR 18 11

CCNR 0013 0011

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THE BRISTOL ROYAL INFIRMARY INQUIRY  
REVIEW OF CLINICAL RECORDS

PRE OPERATIVE CARE

Child's Initials: [redacted]

D.O.B: [redacted] 89

Date of Procedure: 04.92

shunt

Aspects of Care:	Adequacy of Care: 4, 3, 2, 1, or X	Comments - especially relevance of less than adequate care to outcome:	Specialty: GP, Cardiologist, Surgeon, Anaesthetist/Intensivist, Nursing, Technical, Pathologist,
Timing and appropriateness of initial referral/condition on arrival	NA		
Clinical assessment and management	4		
Accuracy and completeness of diagnosis	4		
Appropriateness of initial treatment strategy	4		
Timing of planned treatment	3	Some delay before surgery (11/2/92!)	
Immediate pre-operative management incl. nursing	4		

Please use the following summary scores for adequacy:

Overall adequacy of care and relevance to outcome

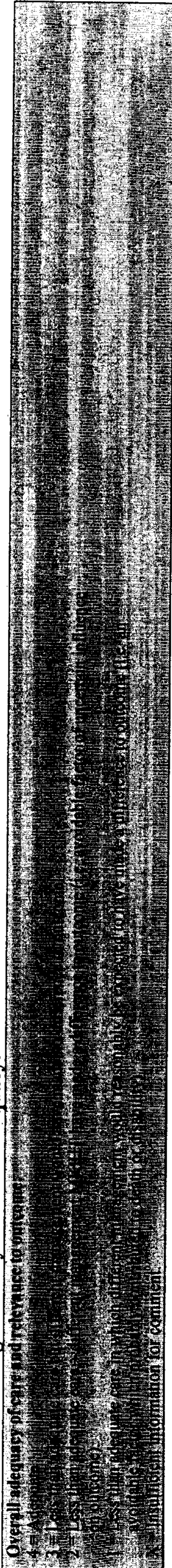
4 = Adequate

3 = Less than adequate

2 = Less than adequate

1 = Less than adequate

X = Insufficient information for comment



CCNR 13 12

CCNR 0013 0012

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THE BRISTOL ROYAL INFIRMARY INQUIRY  
REVIEW OF CLINICAL RECORDS

SURGICAL & POST OPERATIVE CARE

Child's Initials: ■■■

D.O.B: ■■■ 89

Date of Procedure: ■■■ 04.92

*W. Shutt*

Aspects of Care:	Adequacy of Care: 4, 3, 2, 1, or X	Comments – especially relevance of less than adequate care to outcome:	Specialty: GP, Cardiologist, Surgeon, Anaesthetist/Intensivist, Nursing, Technical, Pathologist,
Surgical Procedure	4		JW
Perfusion	NA		
Anaesthetic	4		
Post operative care and assessment 1. ITU – Medical	4		
Post operative care and assessment 2. Surgical	4		
Post operative care and assessment 3. Paediatric cardiological	4		
Post Mortem	4	See p1	

Please use the following summary scores for adequacy:

4 Adequate  
3 Less than adequate care but different management would have made a difference to outcome (i.e. avoidable factor of uncertain influence on outcome)  
2 Less than adequate care in which different management would probably have made a difference to outcome (i.e. avoidable factor of uncertain influence on outcome)  
1 Less than adequate care in which different management would probably have made a difference to outcome (i.e. avoidable factor of uncertain influence on outcome)  
X Available but not used (i.e. avoidable factor of uncertain influence on outcome)

CCNR 13 12

CCNR 0013 0013

**RESPONSE OF JAMES D WISHEART TO THE FIRST AND  
SECOND REVIEWS OF PATIENT NUMBER 13 IN THE CLINICAL  
CASE NOTE REVIEW.**

**1. THE TWO ASSESSMENTS**

The first assessment was carried out by Team ■ and the second by Team ■. The overall score was 1 at each assessment.

**a) The Scores for the Individual Steps of Care.**

Scores, for some individual steps of care for each of the three operations carried out on this patient, are given below for each of the two assessments.

	<u>1st Operation</u>	<u>2nd Operation</u>	<u>3rd Operation</u>
<b>Surgical procedure</b>	4-4	2-4	4-4
<b>Anaesthetic</b>	1-1	1-4	1-4
<b>Post operative Medical</b>	1-4	1-4	1-4
<b>Post-operative Surgical</b>	-4	-4	-4

**b) The Comments made by the two Assessment Teams**

First Assessment

The following comment is made about Post-operative care – ITU – Medical, in relation to the second operation on the ■ March 1991 (reconstruction of Right Ventricular Outflow Tract):

*"Inadequate relief of RVOTO. Misleading post-op. ECHO report stating "satisfactory forward flow" across RVOT - despite very narrow 4mm narrowing. Should have been re-operated immediately".*

### Second Assessment

- i) Additional comments on the 'Cover Note' about the Cardiac Catheterisation on [REDACTED]/5/93.

*"Procedure excessively long (9 am - 4 pm). Very unwise to attempt ballooning of Goretex shunt without ensuring other pulmonary blood flow."*

- ii) Timing of second operation ([REDACTED]/3/91)

*"Excessive delay between catheter and new surgery."*

- iii) Timing of third operation ([REDACTED]/4/92)

*"Some delay before surgery (Hb 24!)."*

## **2. RESPONSE TO THE ASSESSMENTS.**

### **2.1 The second operation**

At the first assessment this surgical procedure was scored 2 and at the second assessment it was scored 4. The first Team of assessors offer no explanation for their critical score, which would therefore seem to be difficult to sustain.

### **2.2 The anaesthetic score.**

In the first assessment a score of 1 was given for anaesthetics overall (i.e. for all 3 operations) because of a technical anaesthetic mishap which occurred at the first

operation. I do not believe that any criticism was implied of the conduct of the anaesthetic procedures at the other operations or indeed at the numerous cardiac catheterisations. In the second assessment the anaesthetic procedures at the second and third operations are scored 4, and I'm sure that this appropriate.

### **2.3 Adequacy of the relief of Right Ventricular Outflow Tract Obstruction at the second Operation.**

As quoted above, the Team ■ Assessors considered that the post-operative ECHO report was misleading when it stated that there was "satisfactory forward flow" across the RVOT. They go on to say that the patient should have been re-operated immediately.

Our understanding of this patient was that ■ pulmonary arteries were too small to permit a corrective procedure to be undertaken, and therefore right ventricular outflow tract reconstruction (relief of obstruction) was undertaken as a preliminary procedure. The object of such palliation was *not* to create a wide-open pathway which is completely free of obstruction, as such a step might have led to unrestricted pulmonary blood flow and left ventricular failure. The objective of the operation was to relieve the obstruction sufficiently to permit increased pulmonary blood flow but not to provoke left ventricular failure. In seeking to strike this balance I would accept that the enlargement of the outflow tract left it marginally smaller than would have been ideal. However, given now that there was forward flow through the right ventricular outflow tract and that it was at least as good as that which would have passed through a shunt, the marginal smallness of the pathway did not seem to constitute a reason for immediate re-operation. I therefore regard the comment that ■ should have been re-operated immediately as excessively strong and note that the assessors of Team ■ also do not share the opinion of their colleagues.

#### 2.4 Was there delay prior to the second operation?

Cardiac catheterisation was carried out on ■/9/90 (MR ■■■■■), and the operation on ■/3/91 (MR ■■■■■), an interval of 6 months. I would point out however that the patient was first drawn to my attention at the Joint Meeting on ■/9/90 (MR ■■■■■) and was seen with ■ parents at outpatients on ■/11/90 (MR ■■■■■). The waiting list note on the same date as the outpatient consultation (MR ■■■■■) indicates that I had hoped that the operation would have been carried out in January or February of 1991 if possible. It was carried out in March. There is no evidence of deterioration of the patient's condition during at this time.

#### 2.5 Was there delay prior to the third operation?

Cardiac catheterisation was carried out ■/1/92 (MR ■■■■■) and the operation was performed on the ■/4/92 at an interval of two and a half months. However the findings of this catheterisation were first presented to me on ■/2/92 (MR ■■■■■) and, unusually, it was decided that the proposed treatment would be discussed with the parents by Dr Jordan in Truro at a subsequent outpatient visit. This was done on ■/2/92 (MR ■■■■■). The operation was then carried out six weeks later and was not an emergency. Each of these steps seem to have been taken quite promptly.

#### 2.6 Ballooning the Goretex Graft.

The Assessors of Team ■ comment that it is very unwise to attempt to do this without ensuring other pulmonary blood flow. In the report of the catheterisation (MR ■■■■■ et seq) it is clearly stated that there is another source of pulmonary blood flow, namely the flow through the right ventricular outflow tract. Thus the condition which the assessors

recommend has indeed been met in this procedure. Therefore this criticism of the decision to balloon the Goretex graft might well be reconsidered.

REVIEW OF CCNR 13 - [REDACTED]

1 My own involvement with this case was related to the first only of 3 operative procedures. Dr Jordan was the paediatric cardiologist who managed the patient thereafter.

2 Team [REDACTED] gave an overall score of 1, despite the fact that most sections for all three operations received scores of 4 and a few sections 3. The only section which was graded 1 was for care by the anaesthetist, Dr D Hughes, under "Anaesthetic" for the first shunt operation at the age of 4 days.

SIGNED .....

DATE .....

H S Joffe

**The Bristol Royal Infirmary Inquiry**

**Comments on second CCNR reports 13**

CCNR Second 13.

I do not understand the criticism of delay in repeating the catheter. The first review did not comment upon this in any way.

I was not concerned with the attempt to balloon the shunt, as this was after my retirement.

Dr JORDAN